

GROUP LIFE INSURANCE

Summary Program Description



**Blue Cross
Blue Shield**
of Florida

*An Independent Licensee of the
Blue Cross and Blue Shield Association.*

BLUE CROSS & BLUE SHIELD OF FLORIDA EMPLOYEE LIFE INSURANCE PROGRAM

INTRODUCTION

The BCBSF Employee Life Insurance Program provides group term life insurance which pays a benefit to your designated beneficiary in the event of your death. The Program also provides Accidental Death and Dismemberment Insurance and offers Dependent Life and Supplemental Life Insurance Coverages. The following summary is provided to you in accordance with the Employee Retirement Income Security Act of 1974. It is intended to summarize for you, in non-technical terms, the provisions of the Program. The complete provisions for participants' benefit rights and obligations are addressed in the Group Insurance Policy, the terms of which will determine coverage and a participant's or beneficiary's entitlement to benefits. This policy is on file with Blue Cross and Blue Shield of Florida (BCBSF). You may examine a copy of the policy by contacting BCBSF. The BCBSF life insurance program is underwritten by Florida Combined Life (FCL) Insurance Company, a wholly owned subsidiary of BCBSF. FCL and BCBSF are independent licensees of the Blue Cross and Blue Shield Association.

SOURCES AND METHODS OF CONTRIBUTIONS

BCBSF and its employees make contributions for this insurance and BCBSF then remits the contributions to FCL. If you elect one of the insurance coverages which requires employee contributions, the contributions will be made as a regular payroll deduction. Continuation of your elected coverage is conditioned on the continuation of the appropriate payroll deductions.

Contributions are based upon rates as determined by FCL for each Program year and are in effect from January 1 through December 31 of the year.

PROGRAM PROVISIONS

ELIGIBILITY FOR COVERAGE

As a regular, full-time Employee of BCBSF you are covered for Basic Life and Accidental Death and Dismemberment Insurance (AD&D) as of your date of employment and for Supplemental and Dependent Life Insurance on the first day following the completion of a three-month eligibility period. If you have previously worked for a Blue Cross or Blue Shield organization, this prior service will be counted toward this eligibility period.

ENROLLMENT

BCBSF will provide you with the appropriate enrollment forms so that coverage will be effective on the date of eligibility. Medical evidence will be required to provide combined Basic and Supplemental Life Insurance coverage in excess of \$1.5 million.

If enrollment occurs after a date of eligibility but within 31 days after the date of eligibility, Basic Life and AD&D insurance coverage will be effective on the date of enrollment. If you are absent from work on the date you become eligible, basic life and AD&D will become effective on the date you return to work. If enrollment occurs more than 31 days after a date of eligibility, satisfactory evidence of insurability (possibly through a medical examination at your own expense) must be submitted to FCL before your insurance coverage will become effective. In the event you enroll for Dependent Life Insurance coverage of your spouse and/or dependent children more than 31 days after the date of your eligibility or the dependent's eligibility, your dependents will not be insured until 3 months after the date you enroll for this coverage and after they have provided satisfactory evidence of insurability.

BENEFICIARY DESIGNATION

When you enroll for Group Life Insurance you will be requested to designate a beneficiary or beneficiaries on the enrollment forms. Changes in beneficiary designation can be made at any time by contacting BCBSF. You will then be provided with the appropriate forms in order to complete the change in designated beneficiary. This form is retained by BCBSF. Changes become effective on the date you sign the appropriate forms. Neither BCBSF nor FCL are liable for any benefit payment action taken before this form is received by BCBSF.

Your Life And Accidental Death And Dismemberment Insurance

If you have not designated a beneficiary or if your designated beneficiary is not living at the time of your death, benefits will be paid to your spouse, if living, otherwise to any surviving children. If you have no surviving children, benefits will be paid to your surviving parent(s). If you have no surviving parents, benefits will be paid to your surviving brothers and sisters. If you have no surviving brothers or sisters, benefits will be paid to your estate.

If your elected beneficiary is a minor, the benefit will be paid to the minor's legal guardian. If no legal guardian has been appointed, an amount not exceeding \$2,000 will be paid to the adult or adults who, in FCL's opinion, assumed custody and principal support of the minor.

Dependent Life Insurance

You are the beneficiary under Dependent Life Insurance. A lump sum death benefit is paid to you in the event of the death of your insured spouse or insured dependent children. If you are not living at the time of your dependent spouse's death, benefits will be paid to your spouse's estate. If you are not living at the time of your dependent child's death, benefits will be paid to the surviving parent. If there is no surviving parent, benefits will be paid to the dependent child's surviving brothers and sisters, or if there are no surviving brothers or sisters, to the child's estate.

BASIC LIFE INSURANCE

Basic Life Insurance provides a benefit to your designated beneficiary in the event of your death. The normal payment provided under this coverage is a lump sum settlement. However, you may elect an alternative form of payment (such as installments) to be utilized if in effect at your death and agreed upon by FCL. This election may be changed by you at any time. If you do not elect an alternative method of payment, when the benefit is paid, your beneficiary will be given the option of electing an alternative form of benefit payment that is then in effect and is agreed upon by FCL.

The Basic Life Insurance coverage is provided for you at BCBSF's expense.

The amount of this coverage is based upon the following schedule according to your annual basic salary. (Basic salary excludes bonuses, overtime and other extra compensation.)

Schedule For Basic Life Insurance

The amount of Basic Life Insurance will be equal to 2 times your basic annual salary. If your annual basic salary is not a \$1,000 multiple, it will be raised to the next highest \$1,000 and then multiplied by 2.

For example: If your annual basic salary is \$12,090, this is not a \$1,000 multiple. Your salary will be rounded upward to the next highest \$1,000 or \$13,000 times 2, providing \$26,000 Basic Life Insurance coverage.

The amount of your Basic Life Insurance may not exceed \$1.5 million.

(Note: If the total of your Basic Life Insurance coverage exceeds \$50,000, the premium on that portion exceeding \$50,000 is subject to income tax consideration under current IRS regulations.)

The initial amount of your Basic Life Insurance is based upon your annual basic salary on the date your coverage is effective. Increases in the amount of your Basic Life Insurance will be effective on the date that your annual basic salary is increased to a higher amount, if you are at work on that day. If you are absent from work on that day, the change is effective on the day you return to active work. Decreases in your basic salary will not result in decreases in your Basic Life Insurance coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Accidental Death and Dismemberment Insurance (AD&D) provides a benefit to your designated beneficiary should you die of bodily injury caused by an accident, or a lump sum benefit to you if you lose your sight or any limbs as a direct result of an accident. The normal form of payment provided under this coverage is a lump sum settlement. However, you may elect an alternative form of payment (such as installments) to be utilized if in effect at your death and agreed upon by FCL. This election may be changed by you at any time. If you have not elected an alternative method of payment, when the benefit is paid, your beneficiary will be given the option of electing an alternative form of benefit payments that is then in effect and is agreed upon by FCL. The Accidental Death and Dismemberment Insurance coverage is in addition to the other life insurance coverage provided under the Program.

The AD&D coverage is provided for you at BCBSF's expense.

The amount of this coverage is based upon the following schedule according to your annual basic salary. (Basic salary excludes bonuses, overtime and other extra compensation.)

Schedule For Accidental Death And Dismemberment Insurance

The Principal Sum will be equal to 2 times your annual basic salary. If your annual basic salary is not a \$1,000 multiple, it will be raised to the next highest \$1,000 and then multiplied by 2.

For example: If your annual basic salary is \$12,090, this is not a \$1,000 multiple. Your salary will be rounded upward to the next highest \$1,000 or \$13,000 times 2, providing \$26,000 of Principal Sum.

The amount of the Principal Sum may not exceed \$1.5 million.

The initial amount of your AD&D coverage is based upon your annual basic salary on the date your coverage is effective. Increases in the amount of your AD&D coverage will be effective on the date that your annual basic salary is increased to a higher amount, provided you are at work on that day. If you are absent from work on that day, the change will become effective on the day you return to active work. Decreases in your annual basic salary will not result in decreases in your AD&D coverage.

A benefit from this coverage will be paid for the losses listed below which are incurred after the effective date of your coverage and which result from bodily injuries caused directly and exclusively by external, violent and purely accidental means, provided the accident happens while you are insured. The loss must occur as a direct result of the injury within 365 days after the date of the accident. If you suffer more than one loss due to any one accident, a payment will be made only for the loss for which the benefit is greatest.

If you suffer the loss of:

The amount of AD&D Insurance payable will be the percentage of coverage as follows:

Life	The Principal Sum*
Both hands or both feet (Severance at or above the wrist or ankle joint)	The Principal Sum
Sight (total and irrecoverable of both eyes)	The Principal Sum
Any combination of: one hand and one foot sight of one eye and one hand sight of one eye and one foot	The Principal Sum
One hand	One-half of the Principal Sum
One foot	One-half of the Principal Sum
Sight of one eye	One-half of the Principal Sum

* The Principal sum is the full amount of your AD&D Insurance as shown on the Schedule For AD&D Insurance.

Exclusions - AD&D Insurance Coverage

AD&D Insurance does not cover losses which result from one or more of the following causes (a) Intentional self-inflicted injury - or any attempt to injure oneself while sane or insane; (b) Taking part in a riot; (c) Any war or act of war - declared or undeclared; (d) Military service; (e) Taking part in an assault or a felony; (f) Voluntary use of any controlled substance.* This exclusion will not apply if the controlled substance is prescribed for the insured by a physician; (g) Bodily infirmity or disease from bacterial infections (except accidental ingestion of contaminated foods) - other than infection caused from an injury covered under this coverage; (h) Operating a vessel or motor vehicle while intoxicated ("intoxicated" means that the insured's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred).

* "Controlled substance" is defined in Title 11 of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and all amendments.

SUPPLEMENTAL LIFE INSURANCE

BCBSF offers you the option of purchasing Supplemental Life Insurance in addition to the coverage provided to you under Basic Life Insurance and AD&D Insurance. The normal form of payment provided under the Supplemental Life Insurance is a lump sum settlement. However, you may elect an alternative form of payment (such as installments) to be utilized if in effect at your death and agreed upon by FCL. This election may be changed by you at any time. If you do not elect an alternative method of payment, when the benefit is paid, your beneficiary will be given the option of electing an alternative form of benefit payment, that is then in effect and is agreed upon by FCL.

The amount of Supplemental Life Insurance which you may purchase is based upon the following schedule according to your annual basic salary. (Basic salary excludes bonuses, overtime and other extra compensation.) Supplemental Life Insurance may be purchased only in the full amount of coverage shown on the schedule. Medical evidence, including a physical exam and various medical tests, will be required when the total of your Basic and Supplemental Life Insurance coverage exceeds \$1.5 million.

Schedule For Supplemental Life Insurance

The amount of Supplemental Life Insurance will be equal to one, two or three times your annual basic salary. If your annual basic salary is not a \$1,000 multiple, it will be raised to the next highest \$1,000.

For example: If your annual basic salary is \$12,090, this is not a \$1,000 multiple. Your salary will be rounded upward to the next highest \$1,000 or \$13,000 times the multiple you selected.

Under the Program, the total amount of Basic and Supplemental Life Insurance may not exceed \$5 million. The AD&D Insurance coverage is not considered in establishing this maximum.

(Note: If the total of your Basic and Supplemental Life Insurance coverage exceeds \$50,000, premiums on that portion exceeding \$50,000 may be subject to income tax consideration under current IRS regulations.)

The initial amount of your Supplemental Life Insurance is based upon your annual basic salary on the date your coverage is effective. Increases in the amount of your Supplemental Life Insurance will be effective on the date that your annual basic salary is increased to a higher amount, provided you are at work on that day. If you are absent from work on that day, the change is effective on the day you return to active work. In the event of any increase in Supplemental Life Insurance, the amount of payroll deduction reflecting your contribution for this coverage will automatically be adjusted. Decreases in your annual basic salary will not decrease the amount of your Supplemental Life Insurance.

DEPENDENT LIFE INSURANCE

BCBSF offers you the option of purchasing Dependent Life Insurance. You may purchase Dependent Life Insurance coverage for your spouse and dependent children (full family coverage) or for your spouse only or for dependent children only. Dependent Life Insurance provides a lump sum death benefit to you in the event of the death of your insured spouse or dependent children. If you are not living at the time of an insured dependent's death, the benefit will be payable as outlined in the Beneficiary Designation section.

Eligible Dependents

A spouse is your legal husband or wife. Dependent children are defined as unmarried children, including legally adopted children, step children, or foster children who have attained the age of 14 days but have not attained the age of 19 years. Dependent children include unmarried full-time students at an accredited college or university who have attained age 19 but have not attained age 25. Dependent children also include any handicapped child who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, the symptoms or cause of which existed prior to such child's 19th birthday and is, and continues to be, chiefly dependent upon the employee for support and maintenance.

Schedule For Dependent Life Insurance

The amount of coverage of each insured dependent is indicated in the following schedule:

<u>Dependent</u>	<u>Coverage</u>
Spouse	\$10,000
Children	
Age 14 days but less than 6 months	\$1,500
Age 6 months but less than 19 years if unmarried or 25 years if full- time unmarried student	\$3,000

LIFE INSURANCE COVERAGE AFTER RETIREMENT

If you retire with entitlement to immediate pension benefits, BCBSF continued coverage is provided for you under Basic Life Insurance.

The amount of the lump sum benefit payable to your designated beneficiary will be as follows:

- (i) If you were insured under the Basic Life Insurance for \$5,000 or less prior to your retirement, your insurance will continue in the amount you had before you retired.
- (ii) If you were insured under the Basic Life Insurance for more than \$5,000 prior to retirement, your insurance on and after retirement will be determined by your age according to the following schedules under Retirement Prior to 1/2/94 and Retirement On Or After 1/2/94:

While the Program provides for a continuation of Basic Life Insurance after retirement, this coverage is not guaranteed for life since BCBSF retains the right to amend or discontinue its provision in the future. Supplemental Life Insurance, Accidental Death and Dismemberment Insurance and Dependent Insurance are discontinued when you terminate employment due to retirement as described in the section on Termination of Employment.

RETIREMENT PRIOR TO 1/2/94

<u>Age</u>	<u>Amount of Basic Life Insurance After Retirement</u>
Under age 65	Annual basic salary rounded up to the next highest \$1,000 if not a \$1,000 multiple and multiplied by 2 (\$5,000 minimum)
65 but not age 70	Annual basic salary rounded up to the next highest \$1,000 if not a \$1,000 multiple and multiplied by 1 (\$5,000 minimum)
70 but not age 75	Annual basic salary rounded up to the next highest \$1,000 if not a multiple and multiplied by .5 (\$5,000 minimum)
75 and over	\$5,000

For example: If your annual basic salary was \$12,090 prior to your retirement: prior to age 65, your coverage will be \$26,000 (\$12,090 raised to the next highest \$1,000 and multiplied by 2); at age 65 your coverage will be \$13,000 (\$12,090 raised to the next highest \$1,000) and at age 70 your coverage will be \$6,500 (\$12,090 raised to the next highest \$1,000 x .5). At age 75, and thereafter, the amount of insurance is \$5,000.

RETIREMENT ON OR AFTER 1/2/94

The amount of Basic Life Insurance is equal to your annual basic salary as an active employee, rounded up to the next highest \$1,000 if not a \$1,000 multiple. This amount reduces by 20% of the initial benefit each year on the anniversary of your retirement to a minimum of \$7,500.

For example: If your basic salary was \$12,090 on the date of your retirement of 2/1/95: your coverage for the first year of your retirement will be \$13,000 (\$12,090 raised to next highest \$1,000). On the first anniversary of your retirement -- 2/1/96 -- your benefit will be \$11,000 (\$13,000 less 20% of \$13,000, rounded down to the next \$1,000, and subtracted from \$13,000). Each year on the anniversary of your retirement your benefit will reduce an additional 20% of the initial benefit to a minimum of \$7,500.

Exclusions

Basic Life Insurance will not be continued under the provision for Life Insurance Coverage After Retirement if your termination occurs prior to BCBSF earliest retirement age even if you are entitled to deferred vested pension from BCBSF except if you are totally disabled. In the event of your total disability, your Basic Life Insurance may continue as provided in the section on "Group Life Insurance Coverage In the Event of Disability."

ACCELERATED LIVING BENEFITS

Accelerated living benefits applies only to the Basic and Supplemental life insurance provided by the BCBSF Employee Life Insurance Program. It does not apply to life insurance for dependents.

If, while insured, you provide FCL with satisfactory written proof that you have a terminal condition, you will be paid a benefit called a living benefit. You can apply for any amount up to the maximum living benefit.

Definitions

"Living Benefit" - The amount of basic life insurance that will be paid in advance of your death, if you are terminally ill. The amount of the living benefit will be determined in accordance with the "Benefits" provision below.

"Terminal Condition" - A medically determinable condition which will be expected to result in death within a period of one (1) year, as determined by FCL.

Benefits

Accelerated Living Benefits allows you to apply for an accelerated benefit if you have a terminal condition. The amount of your Basic and Supplemental life insurance under the policy will be reduced by the amount of living benefit paid to you and by the administrative fee.

Only one living benefit will be paid. The maximum living benefit payable is 50% of your Basic and Supplemental coverages to a maximum of \$50,000.

An administrative fee will be deducted from the living benefit proceeds prior to our payment of these proceeds to you. The amount of this fee is 6% of the living benefit amount.

Conditions and Requirements Applicable to the Payment of the Living Benefit

The following conditions and requirements apply to the payment of the living benefit:

1. You must apply for the living benefit while you are insured under the BCBSF Program.
2. You must provide FCL with certification from a physician that a terminal condition exists. FCL reserves the right to obtain a second certification at FCL's expense.
3. The living benefit will be paid in a lump sum before death occurs.
4. You can only apply for a living benefit once and can apply for less than the maximum living benefit.
5. When a living benefit is paid, FCL will give you and BCBSF a statement showing the effect of this payment on the term life insurance amount.
6. If you recover from your terminal condition after FCL has paid a living benefit to you, you will not be required to refund any part of the living benefit paid to you. However, any benefits that may be payable will be limited to the reduced amount of your term life insurance after the payment of the living benefit.
7. If you receive a living benefit and then become eligible to exercise a conversion privilege under the policy, the amount that may be converted will be based on the reduced amount of term life insurance after the payment of the living benefit.

Exceptions and Limitations

1. No living benefit will be paid on the employee if he made an absolute assignment of his Basic or Supplemental Life Insurance.
2. No living benefit will be paid on the employee if his terminal condition resulted, directly or indirectly, from attempted suicide or any self-inflicted injury, committed while sane or insane.
3. This benefit provides for the accelerated payment of life insurance proceeds. It is not meant to cause the applicant to involuntarily invade proceeds ultimately payable to the named beneficiary. The accelerated benefit will be made available on a voluntary basis only. Therefore:
 - a. if required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, the applicant for benefits is not eligible for this benefit.
 - b. if required by a government agency to use this option to apply for, obtain, or keep a government benefit to entitlement, the applicant for benefits is not eligible for this benefit.
4. If the amount of term life insurance in force on the applicant is scheduled to reduce, because of an age-related reduction, within one (1) year after the date you apply for a living benefit, the maximum living benefit will be limited to 50% of the scheduled reduced amount to a maximum of \$50,000.

Note: Proceeds received under Accelerated Living Benefits may be taxable.

WHEN INSURANCE TERMINATES

Termination Of Employment Or BCBSF's Participation In The Program

If you terminate employment with BCBSF (except as provided in the section on "Life Insurance Coverage After Retirement") or if the Group Policy is terminated, either by BCBSF or FCL, all coverages under the Group Life Insurance Program will cease.

Basic and Supplemental Life Insurance

There is a 31 day grace period from the date of your termination of employment during which your life insurance coverage continues in effect. Information on how to continue your Basic and Supplemental Life Insurance is described in the Conversion Privileges section.

Accidental Death and Dismemberment Insurance

AD&D coverage ceases midnight of the day on which your termination of employment occurs.

Dependent Life Insurance

This coverage continues for eligible dependents for 31 days after the date on which your termination of employment occurs. In the event of your death your Dependent Life Insurance will continue as if your termination date were six months after the date of your death. During the periods of continued coverage, your spouse and dependents can convert the coverage to an individual policy. Further information on how to continue this coverage is described in the section on Conversion Privileges.

Accelerated Living Benefits

This benefit ceases midnight of the day on which your termination of employment occurs.

If your Basic, Supplemental or Dependent Life Insurance coverage is being discontinued due to the termination of the Group Policy, then coverage continues for 31 days but only if you or your dependents were covered under the policy, and any policy it replaces, for five years. If BCBSF is terminating this Group Policy and replacing it with another group policy, the amount of the coverage which is continued for 31 days is reduced according to the amount of replacement coverage which may be provided by BCBSF through another insurance carrier. But, in no event will the amount of coverage continued for the 31 day period exceed \$10,000. During the 31 day period, you can convert the amount of life insurance coverage that has been continued to an individual policy.

Continuing Insurance During Lay-off Or Leave Of Absence

If you are on an unpaid leave of absence or are laid-off, coverages under the Group Life Insurance Program will be continued during this time for up to six calendar months, provided the premiums for the insurance continue to be paid during that time. Contact BCBSF to see if you will be required to pay all or part of the premium in order for the insurance to be continued. If you fail to return to work at the end of the period during which your insurance is continued, your insurance protection will be discontinued according to the provisions specified under the Termination of Employment section as if termination occurred at the end of that period.

CONVERSION PRIVILEGES

When your Basic, Supplemental or Dependent Life Insurance coverage is to be discontinued, you may convert this insurance to an individual policy only during the 31 days immediately following your termination of employment or retirement.

The Conversion Privilege permits the purchase of life insurance for you, your covered spouse and/or your covered dependent children without requiring a medical examination. The full amount or any part of the coverage being discontinued (including the portion of Basic Life Insurance discontinued due to retirement) can be converted to any type of individual life insurance coverage available from FCL except term insurance. The Conversion Privilege is not extended to AD&D insurance or the Accelerated Living Benefit.

To convert this insurance to an individual policy during the 31 days immediately following the termination date, you must direct your conversion request to BCBSF. The appropriate information and conversion application form will be sent to you. The first premium must accompany your completed conversion application form.

If the conversion privilege is exercised, an individual policy for you, your spouse or your dependent children will become effective 31 days after the termination date of the group coverage. Should you, your spouse or your dependent children die within the 31 day period, the claim will be paid under the group policy. The benefit paid to the designated beneficiary will be the maximum amount which could have been converted, whether or not the application to convert was made or the first premium was paid. Any premium paid for the individual policy will be refunded to the designated beneficiary upon surrender of the individual policy.

In the event the Group Policy with FCL is terminated, you, your spouse or your dependent children must have been covered under this Policy and any policy it replaces for five years in order to be entitled to the conversion privilege. The amount of coverage which can be converted is reduced by the amount of replacement coverage which may be provided by BCBSF through another insurance carrier but in no event will the amount of coverage which can be converted exceed \$10,000.

Information regarding conversion of Group Life Insurance will be provided to you upon a request made to BCBSF.

GROUP LIFE INSURANCE COVERAGE IN THE EVENT OF DISABILITY

If you are absent from active work because you are totally disabled due to injury or sickness, your Group Life Insurance will continue in the same amount in effect on your last day of work for a period of up to one year. Your entitlement to a continuation of this coverage after one year is conditioned upon satisfactory evidence of disability being provided to BCBSF. Your entitlement to long term disability benefits from BCBSF will be considered as satisfactory evidence of disability. If you are not eligible for long term disability benefits from BCBSF, evidence of disability should be sent directly to the FCL Claims Department. In all cases, FCL shall determine whether the evidence submitted is satisfactory.

COORDINATION BETWEEN DISABILITY AND RETIREMENT LIFE INSURANCE COVERAGES

If, when your disability occurs, you are of retirement age and entitled to immediate pension benefits from BCBSF, you will be considered as retiring at that time and your coverage will be provided as described in the Life Insurance Coverage After Retirement section.

If at the time of your disability, you have not attained retirement age, but will be entitled to vested pension benefits from BCBSF at a later date, you will be considered as retiring when the pension benefits commence and at that time your coverage will be provided as described in the Life Insurance Coverage After Retirement section.

If you never became entitled to any pension benefits from BCBSF you will be considered as retiring when you attain age 65, and at that time your coverage will be provided as described in the Life Insurance Coverage After Retirement section.

NO GUARANTEE OF EMPLOYMENT

The Program is intended to provide Group Life Insurance coverage to eligible employees and it does not confer any legal rights upon an employee to the continuance of employment by BCBSF, nor does it interfere with the rights of BCBSF to discharge an employee.

FILING A CLAIM FOR BENEFITS

Claims for Group Life Insurance Benefits must be initiated by contacting BCBSF. BCBSF will then notify FCL of the claim. Notification to BCBSF must be given as soon as possible since the claim must be reported to FCL within 20 days after the loss occurred. After the notification, BCBSF will provide the appropriate claim forms for completion by the beneficiary. Completed claim forms, along with the required proof of death, dismemberment or disability must be submitted to BCBSF within 90 days of the loss for processing by FCL. FCL has the right to require periodic medical examinations during disability, or in the case of death, to require an autopsy where it is not forbidden by law. Late claim filings will be accepted only if it can be shown that it was not reasonably possible to give notice or file the claim within the required time period and that the notification and claim filing were made as soon as reasonably possible. BCBSF will submit the completed forms for processing, along with the required proof of death, dismemberment or disability.

A notification of the determination of your or your beneficiary's entitlement to benefits from the Program will be made within 90 days after receipt of the claim by FCL. If special circumstances prevent a determination from being made within 90 days, a notification in writing will be made of the special circumstances causing the delay and the date when a determination can be expected. In any case, a determination will be provided no later than 180 days after the initial receipt by FCL of the appropriate claim forms and proof of death, dismemberment or disability.

CLAIMS REVIEW PROCEDURE

If benefits from the Program are denied to you or your beneficiary in whole or in part, you or your beneficiary will be given written notice of the specific reason for the denial with specific reference to the Program Provisions on which the denial is based and a description of any additional material necessary to substantiate your claim along with an explanation of why the material is necessary. To have a review of your claim made, you or your beneficiary must make a written request for review within 60 days from the receipt of the claim denial. The request for review must explain the reason for the request and be addressed to: Florida Combined Life Insurance Company, 8665 Baypine Road, Suite 200, Jacksonville, Florida 32256, Attention: Claims Department. Copies of all information relevant to the claim must be included with the request. An opportunity will be given to you or your beneficiary to review pertinent documents and to have representation. A decision will be made by FCL not later than 60 days after the receipt of the request for review or, if special circumstances require, within 120 days after the request for review. This decision will be made in writing and will detail the reason for the decision with specific reference to the applicable Program provisions.

If you or your beneficiary are not satisfied with the review decision rendered by FCL, you or your beneficiary's further appeal of the decision must be made by writing within 60 days from the date of the review decision to the Claims Counsel, FCL office at the address listed above.

STATEMENT OF ERISA RIGHTS

As a participant in the National Group Life Insurance Program, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

- (1) Examine, without charge, at the Program Administrator's office and at other specified locations, such as the Employer, all Program documents, including insurance contracts and copies of all documents filed by the Program Administrator with the U.S. Department of Labor, such as detailed annual reports and Program descriptions.
- (2) Obtain copies of all Program documents and other Program information upon written request to the Program Administrator. The Administrator may make a reasonable charge for the copies.
- (3) Receive a summary of the Program's annual financial report. The Program Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights to program participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit program. The people who operate your Program, called "fiduciaries" of the Program, have a duty to do so prudently and in the interest of you and other Program participants and beneficiaries. No one, including your Employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining an employee welfare benefit or exercising your rights under ERISA. If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Underwriter review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request material from the Program and do not receive it within 30 days, you may file suit in a federal court. In such case, the court may require the Program Administrator to provide the materials and pay you up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or part, you may file suit in state or federal court. If it should happen that Program fiduciaries misuse the Program's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous. If you have any questions about your Program, you should contact the Program Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest Area Office of the Pension and Welfare Benefits Administration, U.S. Department of Labor.

Certificate of Insurance

Under

Group Policy No. 09000090

issued to

BLUE CROSS AND BLUE SHIELD OF FLORIDA

underwritten by

FLORIDA COMBINED LIFE INSURANCE COMPANY

The insurance benefits and the provisions of the group policies principally affecting the persons insured are described in the Summary Program Descriptions; however, the final interpretation of any provision is governed by the terms of the policies.

Your insurance is effective only if you are eligible, become insured and remain insured in accordance with the provisions of the policies.

FLORIDA COMBINED LIFE INSURANCE COMPANY

This certificate describes the Group Policy as of January 1, 1995

